

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN0103	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  05/23/2011
NAME OF PROVIDER OR SUPPLIER  NORRIS HEALTH AND REHABILITATION CEN1		STREET ADDRESS, CITY, STATE, ZIP CODE 3382 ANDERSONVILLE HIGHWAY ANDERSONVILLE, TN 37705		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 833	1200-8-6-.08(3) Building Standards  (3) No new nursing home shall hereafter be constructed, nor shall major alterations be made to existing nursing homes, or change in nursing home type be made without the prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure alterations to the facility sprinkler system are made with prior approval from the Department of Health. The findings include: Observation and interview with the Maintenance Director, in the attic on May 23, 2011 at 1:30 p.m. confirmed new sprinkler piping and dry pendant drops were observed in the facility. There were no approved plans to show what work had been performed. Interview with the Maintenance Director and Administrator during the exit conference on May 23, 2011 at 2:30 p.m. confirmed the facility failed to notify and obtain approval from the Department of Health for the replacement of and installation of new sprinkler piping and dry pendant drops in	N 833	N833 Correction for the alleged deficient practice noted as: notify and obtain approval from the Dept of Health for replacement and installation of new sprinkler piping, will be submission of 2 sets of engineer stamped drawings for state approval and site inspection. If any future sprinkler modifications are needed, plans will be drawn, submitted, and approved before any work is begun. These steps will be monitored by the Division Director of Facility Engineering to ensure continued compliance. Correction date for plan submittal is as soon as possible, but no later than June 30, 2011.	6/30/11

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Adm

(X6) DATE

6/10/11

Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER  <b>NORRIS HEALTH AND REHABILITATION CENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3382 ANDERSONVILLE HIGHWAY ANDERSONVILLE, TN 37705</b>
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the facility.

N 833